



EPSDT SPECIALIZED SERVICES THE DMAS “SAFETY NET”

Virginia Department of
Medical Assistance
Services (DMAS)

February 12, 2015





What is EPSDT?

- Early and Periodic Screening, Diagnosis and Treatment Program
- Includes periodic screening, vision, dental and hearing services.
- States are required to provide any medically necessary health care services to correct and ameliorate physical and mental conditions, even if the service is not included under the state's Medicaid plan.
- The "Correct and Ameliorative" aspects of the program are included in many of the services that DMAS provides for children. These are referred to as "Specialized Services".



Program Goals

To keep children as healthy as possible by:

- Assuring that health and developmental concerns are diagnosed as early as possible
- Assuring that treatment is provided before problems become complex
- Assuring that medically justified services are provided to treat or correct identified problems



Scope of Services

- Individualized health care, diagnostic services, and “treatment” as listed in the Federal Medicaid statute, must be provided when medically necessary to correct and ameliorate physical and mental conditions discovered during screening services whether or not included in the state plan.
- The program does not cover services that are experimental or investigational.



Safety Net Function

EPSDT covers treatments that are:

- Not available to certain disability groups
- Not covered by the State Medicaid plan

Examples:

- Residential Substance Abuse Treatment
- In Home Behavioral Therapy for children with developmental and/or intellectual disabilities



Specialized Services

Services below require service authorizations:

Service	Who to Request Service Authorizations From	
	MCO Members	FFS Members
Personal Care	KePRO	KePRO
Hearing Aids	MCO	KePRO
Private Duty Nursing	MCO	KePRO
Assistive Technology	MCO	KePRO
Inpatient Treatment	MCO	DMAS
Specialized Residential Treatment	DMAS <i>Member will be disenrolled from MCO</i>	DMAS
Substance Abuse Residential Treatment	Magellan <i>Member will be disenrolled from MCO</i>	Magellan
Behavioral Therapy	Magellan	Magellan



Individualized Clinical Reviews

- Service authorization is the process of determining whether or not a service request meets all criteria for that service.
- Services must be deemed as medically necessary. Each request is thoroughly reviewed by clinical staff.
- Certain services are not covered by EPSDT
 - Respite
 - Environmental Modifications

Specific Program Guidelines

Please refer to the EPSDT website for more information about these services

http://dmasva.dmas.virginia.gov/Content_pgs/mch-home.aspx

Find EPSDT Program Info Here

EPSDT is geared to the early assessment of children's health care needs through periodic screenings. The goal of EPSDT is to assure that health problems are diagnosed and treated as early as possible.

- ◆ [Letter to Providers- October 2014](#)

Parent and Caregiver Information

- ◆ [EPSDT Fact Sheet](#)
- ◆ [EPSDT Brochure in English](#)
- ◆ [EPSDT Brochure in Spanish](#)

EPSDT Birthday Newsletters

- ◆ [Infant and Toddler in English](#)
- ◆ [Infant and Toddler in Spanish](#)
- ◆ [Early Childhood in English](#)
- ◆ [Early Childhood in Spanish](#)
- ◆ [Middle Childhood in English](#)
- ◆ [Middle Childhood in Spanish](#)
- ◆ [Adolescents in English](#)
- ◆ [Adolescents in Spanish](#)
- ◆ [Teens in English](#)
- ◆ [Teens in Spanish](#)

Physician Office Information

- ◆ [EPSDT Screenings, Developmental Screening and Lead Testing \(EPSDT Supplemental\)](#)
- ◆ [Well Child Visit Schedule \(Periodicity Chart\)](#)
- ◆ [Dental Visit Schedule \(Periodicity Chart\)](#)
- ◆ [EPSDT Screening Procedure Codes 2007](#)
- ◆ [EPSDT Lead Testing Memo 03.24.2008](#)
- ◆ [EPSDT Screening & Reimbursement for Developmental, Vision, Hearing Screenings](#)
- ◆ [NEW Information about DMAS Approved Developmental Screening Tools](#)

EPSDT Specialized Services General Information

- ◆ [EPSDT Specialized Services Overview - PowerPoint](#)
- ◆ [EPSDT Service Authorization Changes Effective 11/01/2012 \(Memo Date 10/3/2012\)](#)
- ◆ [EPSDT Service Authorizations through KePRO](#)
- ◆ [EPSDT Provider Manuals](#)

EPSDT Behavioral Therapy

- ◆ [Behavioral Therapy Provider Manual](#)
- ◆ [EPSDT Pre-Recorded Behavioral Therapy Training](#)
- ◆ [EPSDT Behavioral Therapy Providers](#)
- ◆ [EPSDT Behavioral Therapy and ABA Services Fact Sheet](#)

EPSDT Personal Care Services



EPSDT
Specialized
Services Lists
Here



EPSDT ASSISTIVE TECHNOLOGY



Assistive Technology (AT) Definition

- Assistive Technology consists of items that demonstrate a therapeutic effect or directly enable individuals to increase their abilities to perform ADLs or to perceive, control, or communicate with the environment in which they live.
- Assistive Technology items are portable and do not manage the “environment” of the individual.
- Assistive Technology can allow for items that are not covered under the DME program criteria



AT Criteria

- A reasonable and medically necessary part of a treatment plan;
- Consistent with the recipient's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the recipient;
- Not furnished solely for the convenience of the family, attending physician, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational); and
- Provided at a safe, effective, and cost-effective level that is suitable for use by the enrollee.



AT Limitations

- Assistive Technology must involve direct patient care.
- AT must be for the express purpose of diagnosing, treating or preventing (or minimizing the adverse effects of) illness, injury or other impairments to an individual's physical or mental health.
- AT Services must involve direct patient care or environmental services dealing exclusively with an individual's surroundings.
- Environmental Modifications are not covered.



EPSDT HEARING/AUDIOLOGY SERVICES



Hearing and Audiology Services

- Audiology and hearing aid services are provided to EPSDT eligible persons who have demonstrated a medical need for Audiology and Hearing Aid Services.
- An audiology evaluation is necessary to evaluate the need for treatment.
- DMAS will reimburse for audiology evaluations without service authorization.



Hearing and Audiology Services

- Audiology services are available based on referrals from outside agencies, schools and caregivers;
- All hearing aids require a referral from the primary care physician or otolaryngologist;
- Hearing Services must be provided through Hearing Aid Specialists, Audiologists, and Otolaryngologists who are currently licensed as a hearing aid specialist and have current participation agreements with DMAS.



WHAT IS COVERED?

- Analog and digital hearing aids
- FM amplification systems are covered as necessary to aid language development
- Cochlear implants



EPSDT PERSONAL CARE



EPSDT Personal Care

- EPSDT Personal Care provides care such as: dressing, eating, bathing, etc. The child must need assistance with at least 3 ADL's, and medically necessary related to a health condition.
- The child's inability to perform ADL's cannot be exclusively due to typical limitations associated with their age.
- Providers may be a Personal Care Agency or a Consumer Directed Services Facilitator (which is for families who wish to hire and manage their own staff.)
- Service authorization is required prior to receiving services.



EPSDT

PRIVATE DUTY NURSING



EPSDT Nursing Definition

- EPSDT nursing is medically necessary private duty nursing care.
- EPSDT nursing differs from home health nursing because the nursing is provided continuously as opposed to the intermittent care provided under either skilled nursing or home health nursing services.
- Technology Assisted Waiver offers a higher level of nursing care than EPSDT.



Private Duty Nursing

- Preauthorization is necessary for individuals who have been assessed and determined to require nursing in order to safely remain in the home. Preauthorization is obtained by the Provider of the nursing services.
- A registered nurse (RN) or licensed practical nurse (LPN) will provide care according to a plan of care which specifies the amount and type of care rendered.



EPSDT BEHAVIORAL THERAPY



Behavioral Therapy Service Definition

- Behavioral Therapy serves individuals younger than 21 years of age, residing in their home.
- Behavioral therapy includes, but is not limited to, Applied Behavioral Analysis (ABA).
- The goal is to ensure the individual's family is trained to effectively manage the individual's behavior in the home using behavioral modification strategies.
- Services are designed to enhance communication skills and decrease maladaptive patterns of behavior which, if left untreated, could lead to more complex problems and the need for a greater or a more restrictive level of care.



Treatment Coordination

- Services such as speech therapy, occupational therapy or psychiatric care must be coordinated with and integrated with the behavioral treatment plan.
- All services must be evidence based, measureable and medically necessary to specifically improve components of adaptive functioning.



Home and the Natural Environment

- EPSDT Behavioral Therapy is available to individuals who reside in their family home.
- Home is defined as the family residence and includes a child living with natural and adoptive parents, relatives, or a guardian, or the family residence of the child's permanent or temporary foster care or pre-adoption placement.



Service Provider Requirements

Providers must be either:

- An LMHP (licensed mental health professional) practicing within the scope of their practice as defined by the applicable Virginia Health professions Regulatory Board or an agency that employs a LMHP, or;
- An LBA (licensed behavioral analyst) meeting all requirements established by the Virginia Board of Medicine; or an agency that employs an LBA, or;
- An LABA (licensed assistant behavioral analyst), under the supervision of an LBA.

EPSDT Behavioral Therapy providers practicing Applied Behavioral Analysis (ABA) must meet all requirements established by the Virginia Board of Medicine.



EPSDT RESIDENTIAL BEHAVIORAL TREATMENT



EPSDT Residential Request Approval

- EPSDT will review requests when the recipients have a developmental or intellectual disability which would not benefit from standard psychiatric treatment.
- Examples would be children with severe behavioral problems associated with autism or brain injury.



Residential Behavioral Therapy

- EPSDT Residential Treatment is required when the individual requires comprehensive treatment from multiple licensed disciplines.
- Providers must have documentation from a licensed mental health professional and EPSDT screener that the proposed therapy will improve the functional behavioral and communicative abilities so that maladaptive behavioral needs can be effectively managed by the family.



EPSDT RESIDENTIAL SUBSTANCE ABUSE TREATMENT



EPSDT Substance Abuse Residential Treatment

- EPSDT will review requests when the recipient has substance abuse as a primary diagnosis.
- If the primary diagnosis is psychiatric, the request will be reviewed by Magellan, the Behavioral Health Service Administrator for DMAS.



EPSDT SPECIALIZED INPATIENT SERVICES



EPSDT Inpatient Treatment

- The EPSDT program provides inpatient services when the individual requires intensive treatment and also requires management of multiple health conditions that cannot be effectively managed in a less intensive treatment setting.



EPSDT Inpatient Treatment Settings

Inpatient Settings May Vary According to Treatment Needs:

- EPSDT inpatient services may be provided in inpatient settings based on the individual's complex healthcare needs.
- Individuals must be medically unstable due to medical conditions that require inpatient services to manage, treat and stabilize the medical condition and facilitate a return to a lower level of care.



Inpatient Examples

Some examples of conditions that may benefit from EPSDT inpatient treatment are:

- Eating Disorders
- Complex Neurological Conditions
- Acquired Brain Injury
- Other conditions with medical instability being the prime reason for admission.



EPSDT MEDICAL FORMULA



What is covered?

- Medically necessary formula and medical foods when used under physician direction to augment dietary limitations or provide primary nutrition via enteral or oral feeding methods
- Medical formula and nutrition supplements must be physician recommended to correct or ameliorate a health condition that requires specialized formula and medical foods to supplement diet due to metabolic limitations or provide primary nutrition.



What is Not Covered?

- Routine infant formula is not covered
- Chapter 4 of the DMAS Durable Medical Equipment (DME) provider manual defines EPSDT medical formula criteria.



KePRO Service Authorization

- KePRO's website has information related to the service authorization processes for all Medicaid programs they review.
- Fax forms, service authorization checklists, trainings, methods of submission and much more are on KePRO's website. Providers may access this information by going to <http://dmas.kepro.com>.
- KePRO may also be reached by the following:
 - Phone: 1-888-827-2884
 - Fax: 1-877-OKBYFAX or 1-877-652-9329.



Magellan Service Authorization

- DMAS contracts with a Behavioral Health Services Administrator (BHSA) to provide care coordination of behavioral health services that are not currently provided through a managed care organization.
- The current BHSA is Magellan of VA. Magellan has a centralized contact number (1-800-424-4046) for Medicaid/FAMIS members and providers. The Call Center is available 24 hours a day, 365 days a year.
- All calls related to fee-for-service behavioral health services, including EPSDT Behavioral Therapy, should go to the BHSA Call Center.

Service	Children enrolled in Medicaid/ FAMIS Plus MCOs*	Children enrolled in Medicaid/FAMIS Plus Fee-For-Service (FFS) (Includes FAMIS FFS)	Coverage for children enrolled in FAMIS MCOs*
Assistive Technology	Contact MCO *	Contact EPSDT Care Coordinator for provider list (804)786-1493	Not covered
Hearing Aids	Contact MCO *	Search for audiologists by clicking on the Search for Providers link under the Quick Links heading on the DMAS website www.virginiamedicaid.dmas.virginia.gov	Yes, covered through MCO*
Private Duty Nursing	Contact MCO *	Search for home health agencies by clicking on the Search for Providers link under the Quick Links heading on the DMAS website www.virginiamedicaid.dmas.virginia.gov	Yes, covered through MCO*
Behavioral Therapy (including ABA)	Contact Magellan (800)424-4046		Not covered
Personal Care	Search for personal care agencies by clicking on the Search for Providers link under the Quick Links heading on the DMAS website www.virginiamedicaid.dmas.virginia.gov		Not covered
Specialized Formula	Search for DME agencies by clicking on the Search for Providers link under the Quick Links heading on the DMAS website www.virginiamedicaid.dmas.virginia.gov		Yes, covered through DMAS DME providers

*Contact information for Managed Care Organizations (MCOs) can be found at www.virginiamanagedcare.com or by calling the Medicaid Managed Care Help Line at 1-800-643-2273.

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For assistance with locating service providers contact:

Marilyn Miller

(804) 786-3712

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Service Requests may be mailed to:

DMAS
Maternal and Child Health Division
600 E. Broad St., Ste 1300
Richmond VA, 23219

Use the Web to find forms and more information!

<http://dmassva.dmass.virginia.gov/>

http://dmassva.dmass.virginia.gov/Content_pgs/mch-home.aspx

DMAS Web Portal:

www.virginiamedicaid.dmass.virginia.gov/wps/portal